

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

Filing at a Glance

Company: Liberty Mutual Insurance Company

Product Name: LMIC-BT-CR-AR-07-01-F	SERFF Tr Num: PERR-125226326	State: Arkansas
TOI: 26.0 Burglary & Theft	SERFF Status: Closed	State Tr Num: AR-PC-07-026009
Sub-TOI: 26.0001 Commercial Burglary & Theft	Co Tr Num: LMIC-BT-CR-AR-07-01-F	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Authors: Ines Piquet, Lance Julian, Laura Jennette, Perr and Knight California, Addy Angelico	Disposition Date: 09/11/2007
	Date Submitted: 09/05/2007	Disposition Status: Approved
Effective Date Requested (New): 10/07/2007		Effective Date (New): 10/07/2007
Effective Date Requested (Renewal): 10/07/2007		Effective Date (Renewal): 10/07/2007

General Information

Project Name: LMIC-BT-CR-AR-07-01-F	Status of Filing in Domicile: Pending
Project Number: LMIC-BT-CR-AR-07-01-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/11/2007	
State Status Changed: 09/06/2007	Deemer Date:
Corresponding Filing Tracking Number: N/A	
Filing Description:	
On behalf of Liberty Mutual Insurance Company ("the Company"), we are introducing 17 new endorsements to their currently approved Commercial Crime program. Please see the enclosed filing memorandum for details.	

The Company respectfully requests that this filing be implemented for all policies on October 7, 2007 or the earliest possible date upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Lance Julian, State Filings Project Coordinator doi@perrknight.com
 881 Alma Real Drive ste 205 (888) 201-5123 [Phone]
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

Liberty Mutual Insurance Company	CoCode: 23043	State of Domicile: Massachusetts
175 Berkeley Street	Group Code: 111	Company Type:
Boston, MA 02117	Group Name:	State ID Number:
(617) 357-9500 ext. [Phone]	FEIN Number: 04-1543470	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Mutual Insurance Company	\$0.00	09/05/2007	

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101059	\$50.00	08/29/2007

SERFF Tracking Number:	PERR-125226326	State:	Arkansas
Filing Company:	Liberty Mutual Insurance Company	State Tracking Number:	AR-PC-07-026009
Company Tracking Number:	LMIC-BT-CR-AR-07-01-F		
TOI:	26.0 Burglary & Theft	Sub-TOI:	26.0001 Commercial Burglary & Theft
Product Name:	LMIC-BT-CR-AR-07-01-F		
Project Name/Number:	LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	09/11/2007	09/11/2007
Approved	Llyweyia Rawlins	09/10/2007	09/10/2007

Amendments

Item	Schedule	Created By	Created On	Date Submitted
AMEND CANCELLATI ON OF POLICY	Form	Lance Julian	09/11/2007	09/11/2007

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Reopen Filing	Note To Filer	Llyweyia Rawlins	09/11/2007	09/11/2007
Typo	Note To Reviewer	Lance Julian	09/11/2007	09/11/2007

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

Disposition

Disposition Date: 09/11/2007

Effective Date (New): 10/07/2007

Effective Date (Renewal): 10/07/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125226326 State: Arkansas
Filing Company: Liberty Mutual Insurance Company State Tracking Number: AR-PC-07-026009
Company Tracking Number: LMIC-BT-CR-AR-07-01-F
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: LMIC-BT-CR-AR-07-01-F
Project Name/Number: LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum and Letter of Authorization	Approved	Yes
Form	ADD DEFINITION OF CLIENT TO CLIENTS' PROPERTY INSURING AGREEMENT	Approved	Yes
Form (revised)	AMEND CANCELLATION OF POLICY	Approved	Yes
Form	AMEND CANCELLATION OF POLICY	Approved	Yes
Form	AMEND DEFINITION OF DISCOVER OR DISCOVERED	Approved	Yes
Form	AMEND DEFINITION OF EMPLOYEE	Approved	Yes
Form	AMEND DEFINITION OF MESSENGER	Approved	Yes
Form	AMEND DEFINITION OF "COUNTERFEIT MONEY"	Approved	Yes
Form	AMEND DUTIES IN THE EVENT OF A LOSS (LOSS REPORTING THRESHOLD)	Approved	Yes
Form	AMEND DUTIES IN THE EVENT OF LOSS	Approved	Yes
Form	AMEND EXTENDED PERIOD TO DISCOVER LOSS	Approved	Yes
Form	AMEND PRIOR DISHONESTY EXCLUSION	Approved	Yes
Form	AMEND TERMINATION AS TO ANY EMPLOYEE	Approved	Yes
Form	AMENDED CONSOLIDATION-MERGER OR ACQUISITION	Approved	Yes
Form	AMENDMENT TO THE DEFINITION OF EMPLOYEE BASED ON ERISA	Approved	Yes
Form	INCLUDE DIMINUTION OF DEDUCTIBLE	Approved	Yes
Form	OMNIBUS NAMED INSURED SCHEDULE	Approved	Yes
Form	TAX COMPENSATION ENDORSEMENT	Approved	Yes
Form	TEMPORARY PERSONNEL	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

ENDORSEMENT

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

Disposition

Disposition Date: 09/10/2007

Effective Date (New): 10/07/2007

Effective Date (Renewal): 10/07/2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125226326 State: Arkansas
Filing Company: Liberty Mutual Insurance Company State Tracking Number: AR-PC-07-026009
Company Tracking Number: LMIC-BT-CR-AR-07-01-F
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: LMIC-BT-CR-AR-07-01-F
Project Name/Number: LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memorandum and Letter of Authorization	Approved	Yes
Form	ADD DEFINITION OF CLIENT TO CLIENTS' PROPERTY INSURING AGREEMENT	Approved	Yes
Form (revised)	AMEND CANCELLATION OF POLICY	Approved	Yes
Form	AMEND CANCELLATION OF POLICY	Approved	Yes
Form	AMEND DEFINITION OF DISCOVER OR DISCOVERED	Approved	Yes
Form	AMEND DEFINITION OF EMPLOYEE	Approved	Yes
Form	AMEND DEFINITION OF MESSENGER	Approved	Yes
Form	AMEND DEFINITION OF "COUNTERFEIT MONEY"	Approved	Yes
Form	AMEND DUTIES IN THE EVENT OF A LOSS (LOSS REPORTING THRESHOLD)	Approved	Yes
Form	AMEND DUTIES IN THE EVENT OF LOSS	Approved	Yes
Form	AMEND EXTENDED PERIOD TO DISCOVER LOSS	Approved	Yes
Form	AMEND PRIOR DISHONESTY EXCLUSION	Approved	Yes
Form	AMEND TERMINATION AS TO ANY EMPLOYEE	Approved	Yes
Form	AMENDED CONSOLIDATION-MERGER OR ACQUISITION	Approved	Yes
Form	AMENDMENT TO THE DEFINITION OF EMPLOYEE BASED ON ERISA	Approved	Yes
Form	INCLUDE DIMINUTION OF DEDUCTIBLE	Approved	Yes
Form	OMNIBUS NAMED INSURED SCHEDULE	Approved	Yes
Form	TAX COMPENSATION ENDORSEMENT	Approved	Yes
Form	TEMPORARY PERSONNEL	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

ENDORSEMENT

SERFF Tracking Number: PERR-125226326 State: Arkansas
 Filing Company: Liberty Mutual Insurance Company State Tracking Number: AR-PC-07-026009
 Company Tracking Number: LMIC-BT-CR-AR-07-01-F
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: LMIC-BT-CR-AR-07-01-F
 Project Name/Number: LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F

Amendment Letter

Amendment Date:

Submitted Date: 09/11/2007

Comments:

Thanks for reopening the filing. I've gone ahead and corrected the form schedule tab as discussed

Changed Items:

Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
AMEND CANCELLATION OF POLICY	CCP US LMIC 04	08 07	Endorse New ment/Am endment /Conditio ns				0	AMEND CANCELLATI ON OF POLICY.pdf

SERFF Tracking Number: *PERR-125226326* *State:* *Arkansas*
Filing Company: *Liberty Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-026009*
Company Tracking Number: *LMIC-BT-CR-AR-07-01-F*
TOI: *26.0 Burglary & Theft* *Sub-TOI:* *26.0001 Commercial Burglary & Theft*
Product Name: *LMIC-BT-CR-AR-07-01-F*
Project Name/Number: *LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F*

Note To Filer

Created By:

Llyweyia Rawlins on 09/11/2007 01:41 PM

Subject:

Reopen Filing

Comments:

I will go ahead and reopen this filing and you can make your corrections.

Llyweyia Rawlins

Certified Rate and Form Analyst

Property and Casualty Division

501-371-2809 Fax 501-371-2748

Email: Llyweyia.rawlins@arkansas.gov

SERFF Tracking Number: *PERR-125226326* *State:* *Arkansas*
Filing Company: *Liberty Mutual Insurance Company* *State Tracking Number:* *AR-PC-07-026009*
Company Tracking Number: *LMIC-BT-CR-AR-07-01-F*
TOI: *26.0 Burglary & Theft* *Sub-TOI:* *26.0001 Commercial Burglary & Theft*
Product Name: *LMIC-BT-CR-AR-07-01-F*
Project Name/Number: *LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F*

Note To Reviewer

Created By:

Lance Julian on 09/11/2007 12:24 PM

Subject:

Typo

Comments:

Please note there was a typo on the form schedule tab for the AMEND CANCELLATION OF POLICY form number. The form number for this form should have been CCP US LMIC 04. I forgot to input an additional "C". Please let me know if you can reopen the filing so I can correct the form schedule tab form number or if it is okay for us to proceed as approved.

Best,
Lance

SERFF Tracking Number: PERR-125226326 State: Arkansas

Filing Company: Liberty Mutual Insurance Company State Tracking Number: AR-PC-07-026009

Company Tracking Number: LMIC-BT-CR-AR-07-01-F

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: LMIC-BT-CR-AR-07-01-F

Project Name/Number: LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	ADD DEFINITION OF CLIENT TO CLIENTS' PROPERTY INSURING AGREEMENT	CCP US LMIC 14	08 07	Endorseme New nt/Amendm ent/Condi tions		0.00	Add Definition of Client.pdf
Approved	AMEND CANCELLATION OF POLICY	CCP US LMIC 04	08 07	Endorseme New nt/Amendm ent/Condi tions		0.00	AMEND CANCELLA TION OF POLICY.pdf
Approved	AMEND DEFINITION OF DISCOVER OR DISCOVERED	CCP US LMIC 07	08 07	Endorseme New nt/Amendm ent/Condi tions		0.00	Amend Definition of Discover or Discovered.p df
Approved	AMEND DEFINITION OF EMPLOYEE	CCP US LMIC 08	08 07	Endorseme New nt/Amendm ent/Condi tions		0.00	Amend Definition of Employee.pd f
Approved	AMEND DEFINITION OF MESSENGER	CCP US LMIC 15	08 07	Endorseme New nt/Amendm ent/Condi tions		0.00	Amend Definition of Messenger.p df
Approved	AMEND DEFINITION OF "COUNTERFEIT MONEY"	CCP US LMIC 05	08 07	Endorseme New nt/Amendm ent/Condi tions		0.00	AMEND DEFINITION OF COUNTERF EIT MONEY.pdf
Approved	AMEND DUTIES IN THE EVENT OF A LOSS	CCP US LMIC 09	08 07	Endorseme New nt/Amendm ent/Condi		0.00	Amend Duties in the Event of a

SERFF Tracking Number: PERR-125226326 State: Arkansas

Filing Company: Liberty Mutual Insurance Company State Tracking Number: AR-PC-07-026009

Company Tracking Number: LMIC-BT-CR-AR-07-01-F

TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft

Product Name: LMIC-BT-CR-AR-07-01-F

Project Name/Number: LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F

	(LOSS REPORTING THRESHOLD)		ons			Loss-Loss Reporting Threshold.pdf
Approved	AMEND DUTIES IN THE EVENT OF LOSS	CCP US LMIC 10	08 07	Endorseme New nt/Amendm ent/Condi tions	0.00	Amend Duties In The Event Of Loss.pdf
Approved	AMEND EXTENDED PERIOD TO DISCOVER LOSS	CCP US LMIC 12	08 07	Endorseme New nt/Amendm ent/Condi tions	0.00	Amend Extended Period to Discover Loss.pdf
Approved	AMEND PRIOR DISHONESTY EXCLUSION	CCP US LMIC 17	08 07	Endorseme New nt/Amendm ent/Condi tions	0.00	Amend Prior Dishonesty Exclusion.pdf
Approved	AMEND TERMINATION AS TO ANY EMPLOYEE	CCP US LMIC 16	08 07	Endorseme New nt/Amendm ent/Condi tions	0.00	Amend Termination as to any Employee.pdf
Approved	AMENDED CONSOLIDATIO N-MERGER OR ACQUISITION	CCP US LMIC 01	08 07	Endorseme New nt/Amendm ent/Condi tions	0.00	AMENDED CONSOLID ATION- MERGER OR ACQUISITIO N.pdf
Approved	AMENDMENT TO THE DEFINITION OF EMPLOYEE BASED ON ERISA	CCP US LMIC 13	08 07	Endorseme New nt/Amendm ent/Condi tions	0.00	Amendment to Def of Employee Based on ERISA.pdf
Approved	INCLUDE DIMINUTION OF DEDUCTIBLE	CCP US LMIC 11	08 07	Endorseme New nt/Amendm ent/Condi	0.00	Include Diminution of Deductible.p

SERFF Tracking Number: PERR-125226326 State: Arkansas
 Filing Company: Liberty Mutual Insurance Company State Tracking Number: AR-PC-07-026009
 Company Tracking Number: LMIC-BT-CR-AR-07-01-F
 TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
 Product Name: LMIC-BT-CR-AR-07-01-F
 Project Name/Number: LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F

				ons		df
Approved	OMNIBUS NAMED INSURED SCHEDULE	CCP US LMIC 06	08 07	Endorseme New nt/Amendm ent/Condi ons	0.00	OMNIBUS NAMED INSURED SCHEDULE. pdf
Approved	TAX COMPENSATIO N ENDORSEMENT	CCP US LMIC 02	08 07	Endorseme New nt/Amendm ent/Condi ons	0.00	TAX COMPENSA TION ENDORSEM ENT.pdf
Approved	TEMPORARY PERSONNEL ENDORSEMENT	CCP US LMIC 03	08 07	Endorseme New nt/Amendm ent/Condi ons	0.00	TEMPORAR Y PERSONNE L ENDORSEM ENT.pdf

Commercial Crime Policy



Liberty
International
Underwriters™
Member of Liberty Mutual Group

LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADD DEFINITION OF CLIENT TO CLIENTS' PROPERTY INSURING AGREEMENT

A. Provisions

D. The following Definition is added:

- c.** "Client" means any entity for whom you perform services under a written contract.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND CANCELLATION OF POLICY

A. Section E. CONDITIONS, Applicable to All Insuring Agreements, Sub-Section b. Cancellation Of Policy, (2) (b) is deleted and replaced by the following:

- (2) We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - (a) 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
 - (b) [60 or 90 or 120] days before the effective date of cancellation if we cancel for any other reason.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DEFINITION OF DISCOVER OR DISCOVERED

Section F. Definitions, Sub-section 4. "Discover" or "discovered" is deleted and replaced with the following:

"Discover" or "discovered" means the time when you or your

- ☐ Risk Management Department and/or
- ☐ General Counsel's Office and/or
- ☐ Human Resources Department and/or
- ☐ Department of Corporate Security and/or
- ☐ Internal Audit Department and/or
- ☐ Other _____

first becomes aware of facts which would cause a reasonable person to assume that a loss of a type covered by this policy has been or will be incurred, regardless of when the act or acts causing or contributing to such loss occurred, even though the exact amount or details of loss may not then be known.

"Discover" or "discovered" also means the time when you or your

- ☐ Risk Management Department and/or
- ☐ General Counsel's Office and/or
- ☐ Human Resources Department and/or
- ☐ Department of Corporate Security and/or
- ☐ Internal Audit Department and/or
- ☐ Other _____

first receives notice of an actual or potential claim in which it is alleged that you are liable to a third party under circumstances which, if true, would constitute a loss under this policy.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DEFINITION OF EMPLOYEE

Section F., Definitions, Paragraph 5. "Employee", (1)(a)

Is amended by replacing "30 days" with "[60 or 90 or 120] days".

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DEFINITION OF MESSENGER

Section F. Definitions, 12. “Messenger” is deleted and replaced with the following:

“Messenger” means you, or a relative of yours, or any of your partners or “members”, or any “employee” while having care and custody of property outside the “premises”. “Messenger” also means anyone other than an employee designated by the Insured as a “Messenger”.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DEFINITION OF "COUNTERFEIT MONEY"

Section F. Definitions, 2. "Counterfeit Money" is deleted and replaced with the following:

"Counterfeit money" means an imitation of "money", of the United States of America, Canada or any other country, that is intended to deceive and to be taken as genuine.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DUTIES IN THE EVENT OF A LOSS (LOSS REPORTING THRESHOLD)

Section E. Conditions, 1. Conditions Applicable to All Insuring Agreements, Sub-section g. Duties In The Event of Loss, is deleted and replaced with the following:

After you “discover” a loss or a situation that may result in loss of or damage to “money”, “securities”, or “other property” reasonably believed to be ***in excess of* (INSERT DOLLAR AMOUNT HERE)** you must:

- (1) Notify us as soon as possible. If you have reason to believe that any loss (except for loss covered under Insuring Agreement **A.1** or **A.2.**) involves a violation of law, you must also notify the local law enforcement authorities.
- (2) Submit to examination under oath at our request and give us a signed statement of your answers.
- (3) Produce for our examination all pertinent records.
- (4) Give us a detailed, sworn proof of loss within 120 days.
- (5) Cooperate with us in the investigation and settlement of any claim.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DUTIES IN THE EVENT OF LOSS

Section E. Conditions, 1. Conditions Applicable to All Insuring Agreements, Sub-section g. Duties In The Event of Loss, is deleted and replaced with the following:

After you or your:

- ☐ Risk Management Department and/or
- ☐ General Counsel's Office and/or
- ☐ Human Resources Department and/or
- ☐ Department of Corporate Security and/or
- ☐ Internal Audit Department and/or
- ☐ Other _____

“discovers” a loss or a situation that may result in loss of or damage to “money”, “securities”, or “other property” you must:

- (1) Notify us as soon as possible. If you have reason to believe that any loss (except for loss covered under Insuring Agreement **A.1** or **A.2.**) involves a violation of law, you must also notify the local law enforcement authorities.
- (2) Submit to examination under oath at our request and give us a signed statement of your answers.
- (3) Produce for our examination all pertinent records.
- (4) Give us a detailed, sworn proof of loss within 120 days.
- (5) Cooperate with us in the investigation and settlement of any claim.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



Liberty
International
Underwriters™
Member of Liberty Mutual Group

LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND EXTENDED PERIOD TO DISCOVER LOSS

Section E. Conditions, 1. Conditions Applicable to All Insuring Agreements, Sub-section j. Extended Period To Discover Loss, is deleted and replaced with the following:

We will pay for loss that you sustained prior to the effective date of cancellation of this policy, which is “discovered” by you or your

- ☐ Risk Management Department and/or
- ☐ General Counsel's Office and/or
- ☐ Human Resources Department and/or
- ☐ Department of Corporate Security and/or
- ☐ Internal Audit Department and/or
- ☐ Other _____

- (1) No later than 60 (**OR CHANGE 60 TO 90, 120, ETC**) days from the date of that cancellation. However, this extended period to “discover” loss terminates immediately upon the effective date of any other insurance obtained by you, whether from us or another insurer, replacing in whole or in part the coverage afforded under this policy, whether or not such other insurance provides coverage for loss sustained prior to its effective date.
- (2) No later than 1 year from the date of that cancellation with regard to any “employee benefit plans”.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND PRIOR DISHONESTY EXCLUSION

D. Exclusions 1. b., Acts of Employees Learned Of By You Prior To The Policy Period, is deleted and replaced with the following:

Loss caused by an "employee" if the "employee" had also committed "theft" or any other dishonest act prior to the effective date of this policy and you or any of your partners, "members", "managers", officers, directors or trustees, not in collusion with the "employee" learned of that "theft" or dishonest act prior to the Policy Period shown in the Declarations, and the total amount of the loss was more than **\$(INSERT 10,000 OR 25,000 OR 50,000)**

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND TERMINATION AS TO ANY EMPLOYEE

Section E. CONDITIONS, Applicable to Insuring Agreement A1., Sub-section a. Termination As To Any Employee, is deleted and replaced with the following:

This Insuring Agreement terminates as to any "employee":

- (1) As soon as you or your
 - (a) ☐ Risk Management Department and/or
☐ General Counsel's Office and/or
☐ Human Resources Department and/or
☐ Department of Corporate Security and/or
☐ Internal Audit Department and/or
☐ Other _____; or
 - (b) Any of your partners, "members", "managers", officers, directors or trustees not in collusion with the "employee";

learn of "theft" or any other dishonest act committed by the "employee" whether before or after becoming employed by you.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDED CONSOLIDATION-MERGER OR ACQUISITION

Section E. Conditions, Conditions Applicable to all Insuring Agreements, sub-section e. Consolidation – Merger or Acquisition, is deleted and replaced with the following:

If you consolidate or merge with, or purchase or acquire the assets or liabilities of, another entity:

- (1) You must give us written notice as soon as possible for entities which exceed _____% of your Company's total assets and obtain our written consent to extend the coverage provided by this policy to such consolidated or merged entity or such purchased or acquired assets or liabilities. We may condition our consent by requiring payment of an additional premium; but
- (2) For the first 90 days after the after the effective date of such consolidation, merger or purchase or acquisition of assets or liabilities, the coverage provided by this policy shall apply to such consolidated or merged entity or such purchased or acquired assets or liabilities, provided that all "occurrences" causing or contributing to a loss involving such consolidation, merger or purchase or acquisition of assets or liabilities, must take place after the effective date of such consolidation, merger or purchase or acquisition of assets or liabilities.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMENDMENT TO THE DEFINITION OF EMPLOYEE BASED ON ERISA

Section F. Definitions, 5. "Employee" (4) (b) is deleted and replaced with the following:

- (4) Any natural person who is
 - (b) A director, trustee, fiduciary, administrator, officer or employee of yours while that person is engaged in handling "funds" or "other property" of any "employee benefit plan", and any other natural person required to be bonded by Title 1 of the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments thereto.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INCLUDE DIMINUTION OF DEDUCTIBLE

Should any loss be discovered which is partly recoverable under this policy and partly recoverable under a prior policy issued by another carrier whose discovery period has not yet expired, the deductible amount applicable to the portion of the loss covered hereunder shall be reduced by any deductible amount applied by the superseded carrier to the portion of the loss covered by its' policy.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

OMNIBUS NAMED INSURED SCHEDULE

PROVISIONS

1. The Named Insured Section on the Declarations Page is amended to read:

[Insert the Named Insured plus any other insureds and ERISA plans that the Insured has requested to be listed]

and any entity in which you own more than 50% of the voting interest, any entity you manage pursuant to a written agreement including a partnership agreement, and any entity in which you own 50% or less of the voting interest, up to your ownership interest in that entity,

and any "employee benefit plan" sponsored and approved by you which is required to be bonded by the Employee Retirement Income Security Act of 1974, as amended.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TAX COMPENSATION ENDORSEMENT

A. Provisions

We shall adjust the amount of any loss paid in the United States to compensate for additional federal or state tax liability incurred by you as a result of the payment of such loss in the United States rather than in the country in which such loss was sustained, provided that:

1. The loss was sustained by an entity not subject to federal or state tax provisions; and
2. The payment for such loss is reportable income under the internal revenue code and regulations or the tax laws of any state or commonwealth of the United States.

"Loss Payment" shall be adjusted using the following formula:

$$\text{"Final Payment"} = \text{"Loss Payment"} \times \frac{\text{One Minus the "Marginal Foreign Tax Rate"}}{\text{One Minus the "Marginal United States and/or State Tax Rate"}}$$

The "Final Payment" will in no event be less than the "Loss Payment".

B. Definitions

1. "Final Payment" means the amount paid after tax adjustment.
2. "Loss Payment" means the amount to be paid prior to tax adjustment.
3. "Marginal Foreign Tax Rate" means the marginal rate of income taxation of your entity sustaining the loss during the local tax year in which such loss is written off.
4. "Marginal United States and State Tax Rate" means the marginal rate of federal and state income taxation of the Insured, in the United States, of the Loss Payment for the tax year in which such loss is to be made and shall include, if any, foreign tax credits accruing as a result of such loss.

C. Conditions

1. Nothing contained in this endorsement shall be construed to increase our liability above the amount set forth in the Limits of Liability.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TEMPORARY PERSONNEL ENDORSEMENT

A. **Provisions**

"Employee" as defined in **Section F. Definitions, Sub-section 5.a.** of the Policy is amended to include the following:

- (9) Any individual or individuals assigned to perform employee duties within the premises or outside the premises for the Insured by an agency furnishing temporary personnel on a contingent or part-time basis, however, this Policy does not cover loss caused by any such individual or individuals if the loss is covered by any Insurance or Suretyship held by the agency furnishing such temporary personnel to the Insured. The Policy shall be excess of any such other Insurance or Suretyship.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125226326 State: Arkansas
Filing Company: Liberty Mutual Insurance Company State Tracking Number: AR-PC-07-026009
Company Tracking Number: LMIC-BT-CR-AR-07-01-F
TOI: 26.0 Burglary & Theft Sub-TOI: 26.0001 Commercial Burglary & Theft
Product Name: LMIC-BT-CR-AR-07-01-F
Project Name/Number: LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 09/10/2007

Comments:

Attachments:

2007 NAIC PCTD.pdf

2007 NAIC FFS.pdf

Satisfied -Name: Filing Memorandum and Letter of Authorization **Review Status:** Approved 09/10/2007

Comments:

Attachments:

Filing Memorandum.pdf

LOA.pdf

Property & Casualty Transmittal Document

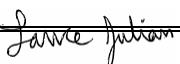
1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Liberty Mutual Insurance Companies	0111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Liberty Mutual Insurance Company	TX	23043	04-1543470	

5. Company Tracking Number	LMIC-BT-CR-AR-07-01-F
-----------------------------------	------------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Lance Julian 888 Alma Real Dr., Ste. Pacific Palisades, CA 90272	State Filings Analyst	888-201-5123 X149	310-230-8529	doi@perrknight.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Lance Julian		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	26.0 Burglary and Theft
10. Sub-Type of Insurance (Sub-TOI)	26.0001 Commercial Burglary and Theft
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Commercial Crime Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: Approval/Acknowledgment Renewal: Approval/Acknowledgment
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	09/06/2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	LMIC-BT-CR-AR-07-01-F
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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On behalf of Liberty Mutual Insurance Company ("the Company"), we are introducing 17 new endorsements to their currently approved Commercial Crime program . Please see the enclosed filing memorandum for details.

The Company respectfully requests that this filing be implemented for all policies on October 7, 2007 or the earliest possible date upon approval/acknowledgement.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the filing memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company response will be submitted to your attention as soon as we receive it.

We trust you will find this submission acceptable and as such look forward to your approval.

Please do not hesitate to contact us with any questions or comments.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: 101059 Amount: \$50.00</p> <p>\$50 per form filing</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		LMIC-BT-CR-AR-07-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

01	ADD DEFINITION OF CLIENT TO CLIENTS' PROPERTY INSURING AGREEMENT	CCP US LMIC 14 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02	AMEND CANCELLATION OF POLICY	CP US LMIC 04 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
03	AMEND DEFINITION OF DISCOVER OR DISCOVERED	CCP US LMIC 07 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
04	AMEND DEFINITION OF EMPLOYEE	CCP US LMIC 08 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
05	AMEND DEFINITION OF MESSENGER	CCP US LMIC 15 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
06	AMEND DEFINITION OF "COUNTERFEIT MONEY"	CCP US LMIC 05 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
07	AMEND DUTIES IN THE EVENT OF A LOSS (LOSS REPORTING THRESHOLD)	CCP US LMIC 09 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
08	AMEND DUTIES IN THE EVENT OF LOSS	CCP US LMIC 10 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
09	AMEND EXTENDED PERIOD TO DISCOVER LOSS	CCP US LMIC 12 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
10	AMEND PRIOR DISHONESTY EXCLUSION	CCP US LMIC 17 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
11	AMEND TERMINATION AS TO ANY EMPLOYEE	CCP US LMIC 16 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
12	AMENDED CONSOLIDATION-MERGER OR ACQUISITION	CCP US LMIC 01 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
13	AMENDMENT TO THE DEFINITION OF EMPLOYEE BASED ON ERISA	CCP US LMIC 13 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		

FORM FILING SCHEDULE (Continued)

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		LMIC-BT-CR-XX-07-01-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state

14	INCLUDE DIMINUTION OF DEDUCTIBLE	CCP US LMIC 11 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
15	OMNIBUS NAMED INSURED SCHEDULE	CCP US LMIC 06 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
16	TAX COMPENSATION ENDORSEMENT	CCP US LMIC 02 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
17	TEMPORARY PERSONNEL ENDORSEMENT	CCP US LMIC 03 08 07	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
18			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
19			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
20			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
21			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
22			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
23			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
24			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
25			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
26			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

Liberty Mutual Insurance Company

Program Revision - Addition of New Optional Forms – Form ONLY Filing
Commercial Crime

Filing Memorandum

With this filing, Liberty Mutual Insurance Company (the “Company”) is proposing to add 17 new endorsements to their currently approved Commercial Crime program under the Burglary & Theft line of business. The Company utilizes Insurance Services Office (“ISO”) loss costs, rules and forms for their Commercial Crime program. The independent forms being introduced in this filing would supplement the ISO forms. The proposed forms are all optional endorsements with no associated premium impact.



Liberty Mutual Insurance Company
175 Berkeley Street
Boston, MA 02116

August 31, 2007

To Whom It May Concern:

Perr&Knight, Inc. is hereby authorized to submit rate, rule, and form filings on behalf of Liberty Mutual Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary. This authorization is deemed in be in effect until rescinded in writing.

Please direct all correspondences and inquiries related to this filing to Perr&Knight, Inc. at the following address:

State Filings Department
Perr&Knight, Inc.
881 Alma Real Drive, Suite 205
Pacific Palisades, CA 90272
Tel: (888) 201-5123
Fax: (310) 230-1061

Please contact me at 212.208.4239 if you have any questions regarding this authorization.

Sincerely,

Ursula Kerrigan, Esq.
Assistant Secretary
55 Water Street, 18th Floor
New York NY 10041
212.208.4239
Ursula.kerrigan@libertyiu.com

Helping people live safer, more secure lives

<i>SERFF Tracking Number:</i>	<i>PERR-125226326</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Liberty Mutual Insurance Company</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026009</i>
<i>Company Tracking Number:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>TOI:</i>	<i>26.0 Burglary & Theft</i>	<i>Sub-TOI:</i>	<i>26.0001 Commercial Burglary & Theft</i>
<i>Product Name:</i>	<i>LMIC-BT-CR-AR-07-01-F</i>		
<i>Project Name/Number:</i>	<i>LMIC-BT-CR-AR-07-01-F/LMIC-BT-CR-AR-07-01-F</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	AMEND CANCELLATION OF POLICY	09/05/2007	AMEND CANCELLATION OF POLICY.pdf

Commercial Crime Policy



LIBERTY MUTUAL INSURANCE COMPANY

(A Mutual Insurance Company, hereinafter called the Company)

ENDORSEMENT NO. _____

Effective Date:

Policy Number:

Issued to:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND CANCELLATION OF POLICY

- A. **Section E. CONDITIONS, Applicable to All Insuring Agreements, Sub-Section b. Cancellation Of Policy, (2) (b)** is deleted and replaced by the following:

- (2) We may cancel this policy by mailing or delivering to the first Named Insured written notice of cancellation at least:
 - (a) 10 days before the effective date of cancellation if we cancel for non-payment of premium; or
 - (b) [60 or 90 or 120] days before the effective date of cancellation if we cancel for any other reason.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED